Date of Request_____

REQUEST TO RESOLVE QUESTIONABLE QUARTERS OF COVERAGE (QC)

mplete the information below when the QC array contains either a (#) pound sign or code ∠" prior to 1978. Mail the form and a copy of the system's printout to the Social Security Administration, PO Box 17750, Baltimore, MD. 21235-0001.

Print
Name: _____   _____   _____
                        Last   First   MI

SSN _____.____._____   Date of Birth ____.____.____
                                                                             MM   DD   YY

Request Years

19_____,   19_____,   19_____,   19_____,   19_____,   19_____,

19_____,   19_____,   19_____,   19_____,   19_____,   19_____,

OR

19_____ thru 19_____   19_____ thru 19_____   19_____ thru 19_____

State's Name & Address   _____

                                              _____

                                              _____

                                              _____

Contact Person's Name   _____
            &
Telephone Number   _____

SSA-512